

Driver's License # _____

State of Driver's License _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify my application and/or may serve as grounds for revocation of my liquor license with the City of Prospect Heights. By signing below, I hereby provide my authorization to the City of Prospect Heights access to my fingerprints and to conduct a criminal background check.

Signature

Date